

SRF 35902

Commonwealth of Puerto Rico Supplemental Information Processing Center
c/o Prime Clerk
Grand Central Station, PO Box 4708
New York, NY 10163-4708
T: (844) 822-9231
PRClaimsInfo@primeclerk.com

***** Response Required *****

THIS LETTER RELATES TO A PROOF OF CLAIM YOU FILED AGAINST THE GOVERNMENT OF PUERTO RICO IN ITS PROCEEDINGS UNDER THE PUERTO RICO OVERSIGHT, MANAGEMENT, AND ECONOMIC STABILITY ACT.

PLEASE READ THIS LETTER CAREFULLY AND RESPOND IN ACCORDANCE WITH THE INSTRUCTIONS BELOW. FAILURE TO RESPOND MAY RESULT IN THE DEBTORS TAKING LEGAL ACTION TO FULLY OR PARTIALLY DISALLOW YOUR CLAIM.

September 16, 2019

Re: PROMESA Proof of Claim
In re Commonwealth of Puerto Rico, Case No. 17-03283
United States District Court for the District of Puerto Rico

Dear Sir or Madam:

This letter relates to a proof of claim you filed in the Title III cases (the "Title III Cases") against the Commonwealth of Puerto Rico, Puerto Rico Highways and Transportation Authority, or Employees Retirement System of the Government of the Commonwealth of Puerto Rico (collectively, the "Debtors"). Prime Clerk LLC, maintains the official claims register in the Title III Cases for the United States District Court in the District of Puerto Rico (the "Court"), and is reaching out to you on behalf of the Debtors.

The Debtors' records reflect that you filed a proof of claim that was logged by Prime Clerk LLC as Proof of Claim Number 42190 . You may download a copy of your claim by visiting Prime Clerk's website at: <https://cases.primeclerk.com/puertorico/Home-ClaimInfo>.

Additional information is required in order for the Debtors to continue with assessing your claim. The Debtors are unable to determine from the information you provided the basis, nature, or amount for the claim you are attempting to assert against one or more of the Debtors. In responding to this letter, please ensure that you provide all of the information requested and as much detail as possible about your claim. The descriptions you put on your proof of claim were too vague for the Debtors to understand the claim you are trying to assert, so please provide more detail and do not simply copy over the same information.

Please respond to this letter on or before October 16, 2019 by returning the enclosed questionnaire with the requested information and documentation.



Proof of Claim: 42190

Claimant: RIVERA FELICIANO, NEREIDA

INFORMATION REQUESTED TO PROCESS YOUR CLAIM

Instructions

Please answer all four (4) questions and any applicable sub-questions. Please include as much detail as possible in your responses. Your answers should provide more information than the initial proof of claim. For example, if you previously wrote as the basis for your claim "Ley 96," please elaborate now on what specific laws you are purporting to rely on, the year the law at issue was passed, and how and why you believe this particular law provides a basis for your claim. Additionally, if available and applicable to your claim, please provide:

- Copy of a pleading, such as a Complaint or an Answer;
- Any unpaid judgment or settlement agreement;
- Written notice of intent to file a claim with proof of mailing;
- Any and all documentation you believe supports your claim.

Please send the completed form and any supporting documents via email to PRClaimsInfo@primeclerk.com, or by mail or hand delivery to the following addresses:

<u>First Class Mail</u>	<u>Hand Delivery</u>
Commonwealth of Puerto Rico Supplemental Information Processing Center c/o Prime Clerk, LLC Grand Central Station, PO Box 4708 New York, NY 10163-4708	Commonwealth of Puerto Rico Supplemental Information Processing Center c/o Prime Clerk LLC 850 Third Avenue, Suite 412 Brooklyn, NY 11232

Questionnaire

1. What is the basis of your claim?

- ☒ A pending or closed legal action with or against the Puerto Rican government
- ☒ Current or former employment with the Government of Puerto Rico
- ☐ Other (Provide as much detail as possible below. Attach additional pages if needed.)

2. What is the amount of your claim (how much money do you claim to be owed):

\$ 40,000

3. **Employment.** Does your claim relate to current or former employment with the Government of Puerto Rico?

- ☐ No. Please continue to Question 4.
- ☒ Yes. Answer Questions 3(a)-(d).

3(a). Identify the specific agency or department where you were or are employed:

Department of Family



Proof of Claim: 42190

Claimant: RIVERA FELICIANO, NEREIDA

3(b). Identify the dates of your employment related to your claim:

June 8, 2001 to present

3(c). Last four digits of your social security number: 6980

3(d). What is the nature of your employment claims (select all applicable):

☐ Pension

☒ Unpaid Wages

☐ Sick Days

☒ Union Grievance

☐ Vacation

☐ Other (Provide as much detail as possible. Attach additional pages if necessary).

4. **Legal Action.** Does your claim relate to a pending or closed legal action?

☐ No.

☒ Yes. Answer Questions 4(a)-(f).

4(a). Identify the department or agency that is a party to the action.

Department of family

4(b). Identify the name and address of the court or agency where the action is pending:

Comision Apelativa del Servicio Publico
P.O. Box 41149 San Juan P.R. 00940-1149

4(c). Case number: AG 17 BK 32B3-LTS

4(d). Title, Caption, or Name of Case: Department of family Vs. ELA

4(e). Status of the case (pending, on appeal, or concluded):

4(f). Do you have an unpaid judgment? Yes ☒ No (Circle one)

If yes, what is the date and amount of the judgment?



123 Administracion Familia y Ninos
P.O. BOX 194090
San Juan, PR 00919-4090

Grupo de Pago: SM -Quincenal
Desde: 11/16/2019
Hasta: 11/30/2019
Aviso #: 4682706
Fecha Aviso: 11/29/2019

NEREIDA RIVERA FELICIANO URB. JARDINES DE GUERRERO # 03 AGUADILLA, PR 00603 SS: -6980	# Empleado: 123320-Aguadilla Dept: 123320-Aguadilla Lugar: Aguadilla Titulo: Trabajador Social I Sueldo: \$2,570.00 Monthly	DATA IMP: Federal PR Estado Civil: Single Single Concesiones: 0 0 Pct. Adcl.: Cant. Adcl.:
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HORAS E INGRESOS						DEDUCCIONES		
Corriente		Acumulado				Corriente		Acumulado
Descripcion	Sueldo	Horas	Ingresos	Horas	Ingresos	Descripcion	Corriente	Acumulado
Pago de Salarios Regulares			1,285.00	1,792.50	28,270.00	Fed FICA Med Hospital Ins / EE	18.64	427.32
Bono de Navidad			0.00		600.00	Fed OASDI/Disability - EE	79.67	1,827.14
Bonificaciones			0.00		600.00	PR Withholding	39.25	905.50
Total:			1,285.00	1,792.50	29,470.00	Total:		
REDUCCIONES			REDUCCIONES CUANTIALES			REDUCCIONES PATRONALES PAGABLES		
Descripcion	Corriente	Acumulado	Descripcion	Corriente	Acumulado	Descripcion	Corriente	Acumulado
GPR Plan Aport. Definidas	109.23	2,403.06	SI-Seg Incap. Obligatorio	3.22	70.84	SM-First Medical Health Plan	180.00	1,980.00
			SM-First Medical Health Plan	10.75	203.50	FSRD Disability Plan	43.05	987.30
			SC-WASHINGTON NAT INS CO	28.30	622.60			
			OS-SERV PUBLICOS 009 B	18.00	396.00			
			Ahorros-ARBLA	38.55	848.10			
Total:			Total:			* Tributable		
TOTAL BRUTO			TOTAL TRIBUT. FED			DEDUCCIONES TOTALES		
Corriente: 1,285.00			0.00			208.05		
Acumulado: 29,470.00			0.00			4,544.10		
TOTAL NETO			TOTAL BRUTO			DISTRIBUCION PAGA NETA		
Balance Previo: 0.00			Balance Previo: 0.00			Aviso #4682706		
+ Acumulado: 0.00			+ Acumulado: 0.00			939.39		
- Utilizado: 0.00			- Utilizado: 0.00			Total:		
Balance Final: 0.00			Balance Final: 0.00			939.39		

Los balances de licencias corresponden al periodo de:

MENSAJE:

Administracion Familia y Ninos
P.O. BOX 194090
San Juan, PR 00919-4090

Fecha
11/29/2019

Aviso No.
4682706

Cant. Deposito: \$939.39

A la
Cuenta(s) De

NEREIDA RIVERA FELICIANO
URB. JARDINES DE GUERRERO
03
AGUADILLA, PR 00603
Localizacion: Aguadilla

DISTRIBUCION DE DEPÓSITO DIRECTO		
Tipo de Cuenta	Número de Cuenta	Cant. Deposito
Checking	XXXXXXXXXXXXXXXXXX	939.39
Total:		939.39

NO-NEGOCIABLE